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APPLICANTS

Pascal Pons, Crolles, FRANCE;

Renzo Dal Molin, Chatillon, FRANCE;

Verified KDM

** CONTINUING DATA *****

none KDM

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Kris Mullen KDM</i> Examiner's Signature	Initials	FRANCE	2	13

ADDRESS

Robert M. Isackson
ORRICK, HERRINGTON & SUTCLIFFE LLP
666 Fifth Avenue
New York, NY
10103-0001

TITLE

Stimulation circuits for a cycle to cycle stimulation threshold capture for an active implantable medical device such as a pacemaker, defibrillator and/or cardiovertor or a multisite device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue) <input checked="" type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Credit
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